## PLAN OF ACTIVITIES OF THE NEPHROTIC SYNDROME WORKING GROUP – 2018

**Coordinator**: Marina Vivarelli 60 members from 17 different countries

Board Members: Antonia Bouts, Johan VandeWalle, Carmine Pecoraro, Sevgi Mir.

### Next meeting of the group: during the ESPN Meeting in Antalya, Turkey, 4-6 October 2018

## **Research Activity Completed:**

**Study#1**: the **treatment of the first flare of INS**. Coordinated by Georges Deschênes (Nov 2013 to Jan 2014). Completed, manuscript published in European Journal of Pediatrics "Childhood idiopathic nephrotic syndrome - Variability of treatment in European centers" Georges Deschênes, Marina Vivarelli & Licia Peruzzi, On behalf of the ESPN Working Group on Idiopathic Nephrotic Syndrome

**Study#2**: **Steroid resistancy**. Coordinated by Licia Peruzzi (Jan 2014 to Mar 2014). 15 members from 11 countries participated to the study and returned the questionnaire. Results: Most centers define steroid resistance after 6 weeks and MP pulses, add CyA or Tac and wait for at least 6 months for response. 50% proteinuria reduction is considered partial response together with sAlb increase. In most centers, MMF is added if partial response on top on other drugs after at least 6 months. Two centers carried out plasma exchange or immunoadsorption associated with B cell depletion in multiresistant forms, based on the involvement of B cells and immunoglobulins in the mechanism of the disease.

**Study#3**: **Rituximab**. Coordinated by Georges Deschênes (Dec 2014 to Mar 2015). Rituximab is widely used in European countries. More than 350 patients have been treated by this set of 23 teams (22 answers + Robert-Debré). Paris, Rome and London totalized more than 200 patients. Most of the patients treated had SDNS previously treated with MMF and/or CNI; some have been treated only due to poor compliance to treatment, long duration of the disease, drugs toxicity, and complications of the nephrotic syndrome. A handful of patients have also been treated for SRNS, generally without effect. Rituximab has been declared as the last line of treatment of SDNS by 3 (may be 4) teams but others have clearly used it as a first line in SDNS; the treatment is not refunded in 2 countries, thus clearly limiting indications.

#### **Basic research**

Three teams from the Nephrotic syndrome WG have declared an activity in the field of basic research: *M Vivarelli [Roma (Bambino Gesù)]*: Role of B cells in the Idiopathic Nephrotic Syndrome *A Adia [Paris (Robert-Debré)]*: Role of Immunoglobulin & free light chains in the Idiopathic Nephrotic Syndrome

L Prikhodina [Moscow (Pirogov Univ)]: NGS in SRNS

# **Registry of trials**

Several trials coordinated by a member of the Nephrotic Syndrome WG have been registered on the website of the Nephrotic Syndrome WG:

**PREDNOS (Birmingham, United Kingdom)** comparing 2 prednisolone regimens for the first flare (Completed)

**NEPHROMYCY (Paris, France):** Cyclophosphamide Versus Mycophenolate Mofetil for the Treatment of Steroid-dependent Nephrotic Syndrome in Children (Completed)

**NEPHRUTIX Limoges France):** Efficacy of Rituximab for the Treatment of Calcineurin Inhibitors Dependent Nephrotic Syndrome during Childhood (Completed)

**Steroid Treatment of Idiopathic Nephrotic Syndrome (Bologna, Italy):** assess the benefits and potential adverse effects of a prolonged initial corticosteroid regimen, for the treatment of the initial episode. (Completed)

**INTENT study (Heidelberg, Germany)** Initial treatment of idiopathic nephrotic syndrome in children with mycophenolate mofetil vs. prednisone (recruitment in course)

**NEPHROVIR-2 (Paris, France)** Factors of Steroid Dependency in Idiopathic Nephrotic Syndrome (Completed, paper submitted)

**NEPHROVIR-3 (Paris, France)** Efficiency of Levamisole in association with Prednisone in the treatment of the first flare (Recruitment in progress)

**OFA2 (Genova, Italy)** Ofatumumab Versus Rituximab in Children With Steroid and Calcineurin Inhibitor Dependent Idiopathic Nephrotic Syndrome (Recruitment in progress)

**OFA1 (Genova, Italy)** Ofatumumab in Children With Drug Resistant Idiopathic Nephrotic Syndrome (Recruitment in progress)

**RITUXIVIG (Paris, France)** Efficacy and safety of Rituximab associated with immunoglobulin versus Rituximab alone in children with steroid-dependant nephrotic syndrome (Recruitment starting end 2018) **PROPINE (Multicentric, Italy)** Randomized clinical comparing 2 prednisone regimens for the treatment of the first relapse in children with SSNS (recruitment completed, results expected this year)

**MESNEPH (Rome, Italy)** Autologous mesenchymal stromal cells for children with severe difficult FR and SDNS (will start recruitment in 2018)

**PREDNOS 2 study (Multicentric, UK)** Short course daily prednisolone therapy at the time of upper respiratory tract infection inchildren with relapsing steroid sensitive nephrotic syndrome (Recruitment complete, analysis in progress)

**LEARNS consortium study (Dutch Kidney Foundation)**: "Prevention of relapses with Levamisole as adjuvant therapy to corticosteroids in children with first episode of INS" (will start recruitment in 2018).

## Meetings 2017:

**1st International Seminar on the Epidemiology of Idiopathic Nephrotic Syndrome (INS)** May 19 2017, Paris

# Projects for 2018

- 1) Survey on treatment of post-transplant recurrence of FSGS (coordinated by Antonia Bouts): ongoing
- 2) Retrospective study employing the CERTAIN database, in collaboration with the Working Group on Transplantation, on treatment of FSGS recurrence post-renal transplant (Antonia Bouts, Burkhard Tonschoff, Marina Vivarelli)
- 3) Definitions of INS subtypes (Marina Vivarelli, Georges Deschenes)
- 4) Recommendations for treatment of first episode, first relapse and second line steroid-sparing agents
- 5) Query on genetic SRNS who go in partial or complete remission with conventional therapy (Marina Vivarelli, Olivia Boyer)
- 6) New and updated survey on vaccinations, with the objective to prepare a controversy paper for publication and future guidelines (Marina Vivarelli)